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P.01

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

000027777 7590 05/04/2005

PHILIP S. JOHNSON
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07/21/2005 HDEMESS2 00000014 100750 10001733

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/001,733	11/02/2001	Sunanda R. Kulkarni	MCP-291	3078

TITLE OF INVENTION: STABLE LACTASE TABLETS AND METHODS OF PRODUCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/04/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NAFF, DAVID M	1651	435-188000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

McNeil-PPC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Skillman, NJ

Recorded: 10/11/1995

Reel: 8403186

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

7/21/05

Typed or printed name Timothy E. Tracy

Registration No. 39,401

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Docket No. MCP-291

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kulkarni et al.

Application No.: 10/001,733

Group No.: 1651

Filed: November 2, 2001

Examiner: David Naff

For: PREBLEND OF MICROCRYSTALLINE CELLULOSE AND LACTASE FOR
MAKING TABLETS

Confirmation Number: 3078

**Assistant Commissioner for Patents
Washington, D.C. 20231**

REQUEST FOR CORRECTED ISSUE FEE FORM

1. Attached is a copy of the Issue Fee Form received from the PTO in this application.
2. There is an error in this form as to:

filing date,

application number,

applicant's name and/or country,

title,

number of claims

other _____

CERTIFICATION UNDER (37 C.F.R. §§ 1.8(A))

I hereby certify that, on the date shown below, this correspondence is being:

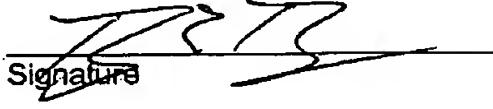
MAILING

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

OR

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facsimile transmitted to the Patent and Trademark Office, (703) 746 - 4000


Signature

Timothy E. Tracy
(type or print name of person certifying)

Date:

7/21/05

(Request for Corrected Issue Fee Form [9-10.1]-page 1 of 2)



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in that it should read as follows:

PREBLEND OF MICROCRYSTALLINE CELLULOSE AND LACTASE FOR MAKING TABLETS

3. Issuance of a corrected Issue Fee form is requested, so that the printing of the Letters Patent will issue in proper form.

Date: 7/21/2005

Signature of Practitioner

Timothy E. Tracy
(type or print name of practitioner)

Registration No: 39,401

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
732-524-6586

Customer No: 000027777

(Rel.77-10/98 Pub.605) (Request for Corrected Issue Fee Form [9-10.1]-page 2 of 2)